

**INDUSTRIAL INCOME & EXPENSE REPORT****TAX YEAR: 2003****DUE DATE: APRIL 1, 2002***Report information from the period January 1, 2001 through December 31, 2001.***Government of the  
District of Columbia**

Office of the Chief Financial Officer  
Office of Tax and Revenue  
941 North Capitol Street, N.E., Suite 400  
Washington, DC 20002

The Income and Expense information must be reported on this form. Substitute forms are not permitted. Supporting documentation is acceptable. In order to assist you in completing this form, detailed instructions are included with this report. Please be sure to report expenses only once; double reporting is prohibited. If you have any questions or need assistance, please contact our Assessment Program Coordinator, Mr. Anthony Daniels, at (202)442-6794. Complete this report in accordance with accounting methodologies used for Federal Income Tax reporting. Submission of audited statements is not required. As per the D.C. Code § 47-821, this information shall be kept in strict confidence. Failure to submit the information requested by the above due date is a violation of D.C. Real Property Tax Law and will result in a penalty of 10% of the real property tax amount due for the following tax year.

Full Name

c/o

Mailing Address

City / State / Zip

Square

Suffix

Lot

Use Code

Neighborhood

Premise Address

**Owner Occupied/Tax Exempt**

Is any portion of this building owner occupied?

☐ YES☐ NO

Is any portion of this building exempt from property taxes?

☐ YES☐ NO

If property is 100% owner occupied, complete sections F through P. If a portion is exempt, Form **FP161** the annual use report must be filed.

**Accounting Methodology — Method used to prepare this statement**

(This should reflect your accounting books; check one)

☐ Accrual☐ Cash☐ Uncertain**A. Debt Service Information (Within the last 3 years)**

Loan Amount	Origin Date	Interest Rate %	Term	Payment (P&I)	Annual or Monthly Payment
\$				\$	
\$				\$	

Loan balance as of 12/31/02 \$

Annual mortgage constant

Has there been an independent fee appraisal of this real property done in the last three years?

☐ YES☐ NO**B. Certification**

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties, D.C. Code § 22-2514.

Name of Management Company

Title/Relationship

Responsible Contact Person

Phone

Address

Date

Owner's Federal Tax ID #

Print or Type Name

Signature (original only, no stamped or copied signature)

**This form must be signed and dated to receive credit for filing. Unsigned or substantially incomplete submissions will be subject to all applicable penalties.**

Please round all amounts to the nearest whole dollar, except rent rate information.

**C. Leasable Areas** (Please provide information on each type of leasable area in square feet. Specify other uses.)

Gross Building Area	sq. ft.	Finished Area	sq. ft.	Unfinished Area	sq. ft.
Warehouse Use	sq. ft.	Other Use	sq. ft.	Other Use	sq. ft.
Yard Area	sq. ft.	Lot Size	sq. ft.	Typical Ceiling Height	ft.

**D. Vacancy Information** (Use information from the current period. Complete this form unless otherwise indicated)

1. Space Vacant January 1, 2002 (sq. ft. rentable)		sq. ft.
Anticipated Use of Space		
2. Space Vacant January 1, 2001 (sq. ft. rentable)		sq. ft.
Anticipated Use of Space		
3. Income Loss from Vacancy in 2001	\$	
4. Income Loss from Bad Debts in 2001	\$	
5. Current Contract or Face Rent per sq. ft. for Vacant Space	\$	
A. Warehouse – Full Service	\$	NNN \$
B. Other – Full Service	\$	NNN \$
Specify Other		

**E. Annual Income**

Income for 12-month period ending December 31, 2002 or  to

1. Gross Potential Industrial Rental Income	\$	
2. Gross Potential Other Rental Income	\$	
3. Gross Potential Other Rental Income	\$	
4. Sales of Utilities/Services	\$	
5. Escalation income	\$	
6. Overage/Percentage Rent	\$	
7. Insurance Reimbursement	\$	
8. Operating Expense Reimbursement	\$	
9. Tax Escalation or Reimbursement	\$	
10. Parking and Special Areas (number of spaces) <input type="text"/>	\$	
11. Parking Spaces Included in Office Income	\$	
12. Other Rental Income (explain) <input type="text"/>	\$	
13. Miscellaneous Income (explain) <input type="text"/>	\$	
14. Miscellaneous Income (explain) <input type="text"/>	\$	
15. Total Gross Potential Income	\$	

**F. Annual Operating Expense** (Do not include real estate taxes or capital expenditures.)

**1. Management and Administrative**

a. Management Fees	\$	
b. Other Administrative/Payroll (specify)	\$	
c. Total	\$	

**2. Utilities**

a. Water and Sewer	\$	
b. Electricity (Excluding HVAC)	\$	
c. Electricity (Including HVAC)	\$	
d. Primary Heating Fuel	\$	
e. Other Fuel	\$	
f. Total	\$	

**3. Repairs & Maintenance** (Do not include capital expenditures in this section.)

- a. Maintenance Payroll/Supplies
- b. HVAC Repairs
- c. Electricity/Plumbing Repairs
- d. Roof Repairs
- e. Elevator Repairs
- f. Pool Repairs
- g. Other Common Area or Exterior Repairs
- h. Redecorating Costs (carpet, paint, etc)
- i. Other Repairs (explain)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

**4. Services**

- a. Janitorial/Cleaning (payroll/contract)
- b. Trash
- c. Security
- d. Elevator Service (contract)
- e. Other (explain)

\$	
\$	
\$	
\$	
\$	

**5. Miscellaneous Expense**

- a. Miscellaneous Expenses (explain)

\$	
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**6. Total Operating Expense** (Do not include real estate taxes.)

- a. Total Operating Expenses

\$	
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**G. Fixed Expense** (Do not include real estate taxes)

- 1. Insurance (one year premium fire, casualty)
- 2. Miscellaneous Taxes
- 3. Other (explain)
- 4. Total Fixed Expenses

\$	
\$	
\$	
\$	

**H. Total Operating and Fixed Expenses** (Do not include real estate taxes.)

- 1. Total Operating and Fixed Expenses

\$	
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**I. Capital Reserve / Interest Income** (As occurred during reporting period)

- 1. Actual Capital Reserves Deposited
- 2. Actual Interest Income

\$	
\$	

**J. Code Compliance**

- a. Code Compliance Last 12 Months
- b. Future Code Compliance Cost
- c. Anticipated Date of Expenditure

\$	
\$	

**L. Real Estate Taxes** (From previous year)

- 1. Paid by Property Owner
- 2. Paid by Tenant (List tenant by name)
- 3. Paid by Tenant (List tenant by name)
- 4. Paid by Tenant (List tenant by name)
- 5. Total

\$	
\$	
\$	
\$	
\$	

**M. Capital Improvements / Renovations**

Have there been any capital expenditures or renovations to the property during this reporting period? If YES, please provide total costs here and attach a detailed list on a separate page.

☐ YES☐ NO

Total Capital Costs \$

Date of Expenditures

Answer applicable questions below whether the property is rented, vacant or owner occupied.

### M. Energy Configuration

**1. Do tenants pay any:**

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| a. Electricity     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Heating/Cooling | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Water           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Gas             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**2. Is this an all-electric building?**

☐ YES ☐ NO

### N. Ground Rent

- |                                    |         |
|------------------------------------|---------|
| 1. Annual Ground Rent              |         |
| 2. Inception Date of Ground Lease  |         |
| 3. Ending Date of Ground Lease     |         |
| 4. Earliest Renewal Date           |         |
| 5. Land Area Leased in Square Feet | sq. ft. |

\$

### O. Sale of Property or Changes in Ownership

1. Has a partial or complete interest in the real property been sold in the last three years? *(see note below)*

☐ YES ☐ NO

Answer YES even if the transfer or conveyance is non-taxable or includes a transfer or conveyance of an economic interest in an entity that owns real property (i.e., shares or stocks in partnerships, corporation, or trust, etc. including multi-tiered entities that own the real property). If the transference was through an entity, the owner must complete the transfer or economic interest form. To obtain the form, call the Recorder of Deeds at (202)727-3374.

2. Nature of the Ownership (check one)

☐ Fee Simple ☐ Leasehold

3. Percent of Ownership  %

4. Transfer Date

5. Amount Paid for the Ownership Interest

\$

6. List Annual Ground Rent, If Applicable

\$

## Instructions for completing the Industrial/Special Purpose Income & Expense Report

The following instructions are provided to aid you in filling out this form. Information provided in the report should be in accordance with the accounting methodology used for Federal income tax purposes. Expenses are to be reported only once; double reporting is prohibited.

Please:

- \* Identify if the property is owner occupied or exempt from property taxes.
- \* Identify the accounting methodology used to complete this form
- \* Provide a detailed description of the type of facility this property is being used for.

If you have any questions, please call Mr. Anthony Daniels at (202)442-6794.

**A. DEBT SERVICE INFORMATION:** Please provide information concerning any loan placed on this property within the last three years. Please include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios. The annual mortgage constant is located on the lender's disclosure form used by all federally insured institutions.

**B. CERTIFICATION:** District of Columbia Law (D.C. Code § 22-2514) requires certification of this information by the owner or officially authorized representative. Please print or type the name and title of the person certifying the information, the name and phone number of the person to contact with questions on the information supplied, and the property owner's Federal I.D. number.

**C. LEASED AREAS:** Please identify all leased areas of the property. Gross building area should equal the sum of finished area and unfinished area. Show size of the area used for warehousing and the size and type of any other areas being used. Additionally, list the size of any yard area, the total size of the property and the typical ceiling or eave height of buildings. Attach an additional sheet, if necessary.

**D. VACANCY INFORMATION:**

1. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the current year.  
Please provide the anticipated use for the property during the indicated period.
2. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the previous year.  
Please provide the anticipated use for the property during the indicated period.
3. Please provide the estimated income loss due to the vacancy reported in question 2 above.
4. Please provide the actual income loss from collection, or bad debts.
5. Please provide the current asking price for the vacant space in question 1. Please indicate the type of space currently vacant.

**E. ANNUAL INCOME:** Please enter income information for the period covered by this statement. Total gross potential income is 100% of the leasable square footage as though leased for 100% of 12-months at the actual contract rent for areas leased, plus vacant space at the rent specified in **Section D**.

1. Total potential income from the rental of industrial space.
2. Total potential income from the rental of space other than industrial. Please indicate the type of space.
3. Total potential income from the rental of space other than industrial. Please indicate the type of space.
4. Income from the sale of utilities and services in addition to actual rental income. Usually these are cost reimbursements by the tenants over and above the base rent.
5. Actual income received for escalations in the base rents in accordance with the terms of the applicable leases.
6. Rents received over and above the guaranteed rent in accordance with the terms of the applicable leases.
7. Reimbursements paid to the owners for insurance claims.
8. Income to the property from the tenant's pro rata share of the operating expenses (pass-through of admin., utilities, repairs, service and misc.), usually above a base amount or expense stop as specified in the terms of the leases.
9. Income to the property from the tenants pro rata shares of real estate taxes (pass-through), usually above a base amount or tax stop as specified in the terms of the lease/s.
10. Any rental income received for garage and/or surface parking. Please list the number of parking spaces.
11. Please provide the number of parking spaces incorporated in office income.
12. Rental income for any specially designated space, which is not covered by the categories listed above.  
Specify the type of space to which the income relates.
- 13.-14. Please specify the type and source of any additional income received not covered in another category.
15. Sum of lines 1 through 14.

**F. ANNUAL OPERATING EXPENSES:** These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as tenant improvements, ground rent, mortgage interest or amortization, personal property tax, depreciation, income taxes, or capital expenditures. **These are not operating expenses.** Capital expenditures include investments in remodeling, or replacements, which materially add to the value of the property or appreciably prolong its life. Information on capital expenditures is requested in Section L. Please include here all other expenses to the property, including those reimbursed by the tenants.

### 1. Management and Administrative

- a. Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are shown elsewhere.
- b. Include advertising, administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary, attach a separate sheet).

### 2. Utilities

- a. Expense of water and sewer services for this reporting period.
- b.-c. Electricity expense: Please be sure to enter your electricity expense for HVAC on the appropriate line.
- d. Specify the primary heating fuel (oil, gas, etc.) used for heating the building and its expense. Do not include an amount for electricity if it is listed above.
- e. If more than one type of fuel is used, indicate the type and cost.

### 3. Repairs and Maintenance

- a. Payroll expenses for maintenance staff (include insurance, bonding and worker's comp.) and expenses for maintenance supplies.
- b. Maintenance and repair expense for heating, ventilating and air-conditioning, and related maintenance and/or repairs. Do not include capital items.
- c. Maintenance expense for electric and plumbing repairs.
- d. Maintenance expense for elevator repairs. This is not for an elevator service contract expense.
- e. Include repairs and routine maintenance expense to the roof. Do not enter the cost to replace entire roof. Roof replacement is a capital expense, which should be shown in Section L.
- f. Repairs to exterior of the property not covered elsewhere. Do not include capital items.
- g. Interior maintenance and repair (carpet, paint, etc.) to common areas only, not to tenant space. Do not include capital items or major tenant fix-up.
- h. Specify any other maintenance and /or repair expenses not covered in another category. Do not include Capital items.
- i. Specify any other repairs and maintenance not otherwise listed.

### 4. Services

- a. Janitorial and cleaning expenses for the property.
- b. Please identify all landscaping or grounds keeping service expenses for the property.
- c. Expense for trash service.
- d. Expense for security services, guards, etc.
- e. Expense for elevator contract services.
- f. Specify any other service expenses incurred in the operation of the property.

### 5. Miscellaneous Expenses

Specify any other expenses not identified elsewhere. (ex. vault rental space).  
Do not include ADA upgrades here; they should go in Section J.

### 6. Total operating expenses should equal the sum of Sections A through E.

### G. FIXED EXPENSES: List all fixed expenses incurred by the property.

1. Identify fire/casualty insurance expenses relevant to the reporting period only. Some insurance policies are multi-year contracts. Please include only one year's cost.
2. Specify any miscellaneous taxes and license fees (ex. payroll taxes, D.C. franchise tax, etc.). Include and identify BID, Vault, and Arena taxes. Do not include Real Estate Tax, this goes in **Section K**.
3. Specify any other fixed expenses and the amount. Do not include "Ground Rent" here, it goes in **Section N**.
4. Total Fixed Expenses should equal the sum of items G1 through G3.

### H. TOTAL EXPENSES: Total Expenses should equal the sum of Section F, line 6 and Section G, line 4.

### I. CAPITAL RESERVES / INTEREST INCOME: Please list all capital reserves on hand and interest income earned during the current reporting period.

1. Report all capital reserves held for pending expected and unexpected improvements to the property.
2. Report all interest income to this property from interest earned on capital improvement accounts, reserve accounts and monthly management operating accounts.

**J. CODE COMPLIANCE:** This section pertains to building upgrades necessary to be in compliance with the Americans with Disabilities Act (ADA), Fire and Life Safety, and other building code requirements. Reductions to assessed value will be in proportion to supporting documentation including contractor, engineer or other professional bids as they relate to the cost to cure the problem.

1. Report any code compliance renovations that were incurred in the last 12 months.
2. Explain and report any future anticipated code compliance expenses.
3. List the anticipated date of expenditure for future code compliance expenses.

**K. REAL ESTATE TAXES:** List the amounts paid in real estate taxes for this reporting period by property owner or tenants as designated. This should reflect any adjustments in assessments during the current reporting period.

**L. CAPITAL IMPROVEMENTS/RENOVATIONS:** Please report and detail any capital improvements or renovations to the property during the current reporting period.

**M. ENERGY CONFIGURATION:**

1. Please indicate if tenants pay any electric, gas, heating and cooling or water expenses.
2. Please indicate if the building is all-electric or not.

**O. GROUND RENT:** Please complete if the property is subject to a land lease.

**P. SALE OF PROPERTY OR CHANGES IN OWNERSHIP**

1. Indicate if any percentage of ownership or configuration of ownership has changed in the last three years.
2. Identify the nature of the ownership interest that changed.
3. List the percent of ownership that changed whether it is fractional or complete, and the effective date of the change.
4. Indicate the amount paid for the real property subject to a change in ownership.